

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001806

FILED  
Mar 04, 2005  
Secretary of State

Entity Name: NATIONAL INTERSTATE INSURANCE COMPANY

## Current Principal Place of Business:

3250 INTERSTATE DRIVE  
RICHFIELD, OH 442869000

## New Principal Place of Business:

## Current Mailing Address:

3250 INTERSTATE DRIVE  
RICHFIELD, OH 442869000

## New Mailing Address:

FEI Number: 34-1607395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: SPACHMAN, ALAN R  
Address: 2081 EDGEVIEW DRIVE  
City-St-Zip: HUDSON, OH

Title: DV ( ) Delete  
Name: PHILLIPS, TERRY E  
Address: 313 HALIFAX CT  
City-St-Zip: SAGAMORE HILLS, OH 44067

Title: VD ( ) Delete  
Name: MONDA, GARY N  
Address: 509 FAWN CT  
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: VS (X) Delete  
Name: MICHELSON, DAVE  
Address: 3250 INTERSTATE DR.  
City-St-Zip: RICHFIELD, OH 44286

Title: TVD (X) Delete  
Name: KRAUS, ARTHUR M  
Address: 1955 WINCHESTER  
City-St-Zip: LYNDHURST, OH

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SPACHMAN, ALAN R  
Address: 3250 INTERSTATE DRIVE  
City-St-Zip: RICHFIELD, OH 44286

Title: DS (X) Change ( ) Addition  
Name: SCHROEDER, MICHAEL A  
Address: 3250 INTERSTATE DRIVE  
City-St-Zip: RICHFIELD, OH 44286

Title: TD (X) Change ( ) Addition  
Name: MONDA, GARY N  
Address: 3250 INTERSTATE DRIVE  
City-St-Zip: RICHFIELD, OH 44286

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. SCHROEDER

SD

03/04/2005

Electronic Signature of Signing Officer or Director

Date